

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007670

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 210

Primary Registration District No. _____

Registrar's No. 22

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 00
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR

TYPEWRITER RIBBON

FILED FEB 26 1963

1. PLACE OF DEATH

a. COUNTY Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Princeton

Length of stay in lb
5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Community Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission):

a. STATE Missouri

b. COUNTY Mercer

c. CITY OR TOWN Princeton

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
College Av.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First James Middle Campbell Last Summers

4. DATE OF DEATH
Month Feb. Day 22 Year 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/7/1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months 6 Days 15 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

grain & stock

11. BIRTHPLACE (City and state or country)

Mercer County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John O. Summers

13b. MOTHER'S MAIDEN NAME

Martha Hunter

14. NAME OF HUSBAND OR WIFE

Emma Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

none

17. INFORMANT

Mrs. Eldon Hoover-Chillicothe Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH
36 hrs.

DUE TO (b)

Acute myocardial insufficiency

36 hrs.

DUE TO (c)

Lobar pneumonia

5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 27, 1955 to February 21, 63 and last saw him alive on February 21, 63

Death occurred at 1:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank J. Galley

(Degree or title)

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

2/23/ 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 24/1963

23c. NAME OF CEMETERY OR CREMATORY

Ravanna Cemetery

23d. LOCATION (City, town, or county)

Ravanna - Missouri

(State)

24. FUNERAL DIRECTOR

Martin & Azbell - Princeton-Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

2-25-63

26. REGISTRAR'S SIGNATURE

Frank J. Galley

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
by myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman Ogden

Licensed Embalmer No. 5020

P. O. Address Princeton-Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

None other will 7/1/20